

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>AS</i>	<i>62861</i>	<i>6/1</i>
O.I.P.E. CLASSIFIER		<i>4/3</i>	<i>6/16/00</i>
FORMALITY REVIEW	<i>M.M.</i>	<i>71629</i>	<i>8-4-00</i>
RESPONSE FORMALITY REVIEW	<i>M.M.</i>	<i>71629</i>	<i>10-26-00</i>

### INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral) ... Canceled      A ..... Appeal  
 ÷ ..... Restricted      O ..... Objected

Claim	Date
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If more than 150 claims or 10 actions  
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